PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number Q91508

		Ul	וטו	ER 31 CFR I.	130(a)				
FY 2009						Confirmation Number 1098			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							.000		
Application Number 10/562,005							Filing Date	December 23, 2	2005
For	METAI	AL-POLYAMIDE/POLYETHYLENE-METAL LA			AL LAMIN	INATE			
Art Un	it 1787				Examiner Name Kevin R KRUER				
This is a	a requ	est und	er th	e provisions of 37 CFR	1.136(a) to extend	d the period	for filing a repl	y in the above identi	ified application.
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
							<u>Fee</u>	Small Entity Fee	!
]	One	mo	onth (37 CFR 1.17(a)(1))		\$130.00	\$65.00	
]	Two	mo	onth (37 CFR 1.17(a)(2))		\$490.00	\$245.00	
✓	1	Thr	ee m	nonth (37 CFR 1.17	(a)(3))		\$1110.00	\$555.00	\$1,110.00
]	Fou	r mo	onth (37 CFR 1.17(a	1)(4))		\$1730.00	\$865.00	
]	Five	mo	onth (37 CFR 1.17(a)(5))		\$2350.00	\$1175.00	
	Previous Payment Amount Date :					Date Sul	omitted		
	Applicant claims small entity status. See 37 CFR 1.27								
☑ Payment by credit card.									
☐ The Director has already been authorized to charge fees in this application							n to a Denosit Acc	count	
The Director is hereby authorized to charge any fees, except for the legue Fee and the F									
credit any overpayment, to Deposit Account Number 19-4880.									abilitation i do, o.
I am the			applicant/inventor						
			assignee of record of the entire interest. See 33 Statement under 37 CFR 3.73(b) is enclosed (F					96).	
		\square	attorney or agent of record. Registration Number				47,121		
				torney or agent under 37 CFR 1.34. egistration number if acting under 37 CFR 1.:			·		
					2	INGTON OFFIC 23373 OMER NUMBER			
	/Keiko K. Takagi/						April 5, 2011		
	Signature						Date		
		Keiko K. Takagi					(202) 293-7060		
Typed or printed name Note: Signatures of all the inventors or assignees of record of the							Telephone Number		
				ll the inventors or as if more than one siç				t or their represen	ntative(s) are required.
☑ -	Total of1_ form is submitted.								